



Lincoln Police Department Alarm Registration

Date: _____

Business or Resident Name: _____

Address: _____

Phone: _____

OWNER OF BUSINESS/RESIDENCE

Name: _____

Address: _____

Phone: _____

OWNER OF BUILDING

Name: _____

Address: _____

Phone: _____

NOTIFICATION – List, by priority, the persons to call in case of an emergency.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

ALARM SERVICE: _____

Please return this form to: Records Supervisor
Lincoln Police Department
575 S. 10th Street
Lincoln, NE 68508